

SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES
**SOUTH DAKOTA BOARD OF ADDICTION AND
PREVENTION PROFESSIONALS**

PO BOX 340, 1351 N. Harrison Ave., Pierre, SD 57501

Tel: 605.224.1721 Email: bapp@midwestsolutionssd.com

Website: <https://dss.sd.gov/licensingboards/bapp/bapp.aspx>

CERTIFICATION/LICENSURE RENEWAL APPLICATION

Please submit the following:

1. Completed application;
2. A copy of verification of any name change (marriage license, divorce decree, etc.), if applicable;
3. Required renewal fee.

A renewal fee is required with this application. Your application will not be processed until the required fee is received. Your renewal application and fee must be received by the last day of your birth month, or you may be subject to a \$150 late fee.

Check One	Certification	Renewal Fee
<input type="checkbox"/>	Certified Chemical Dependency Counselor Level I (CCDC I)	\$175.00
<input type="checkbox"/>	Certified Addiction Counselor (CAC)	\$175.00
<input type="checkbox"/>	Licensed Addiction Counselor (LAC)	\$200.00
<input type="checkbox"/>	Certified Prevention Specialist (CPS)	\$175.00
<input type="checkbox"/>	Dual Credentialed (CAC & CPS)	\$262.50
<input type="checkbox"/>	Dual Credentialed (LAC & CPS)	\$287.50

APPLICANT DATA

Name: _____

Home Address: _____ DOB: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

CURRENT EMPLOYMENT

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

Do you prefer to receive mail from the Board at your: _____ Home _____ Employment

INDEPENDENT PRACTICE

"Independent practice of addiction counseling" means a person who is a Licensed Addiction Counselor (LAC), as recognized by the South Dakota Board of Addiction and Prevention Professionals, who has established their own business entity and provides, for compensation, counseling-related services to an individual, group, organization, corporation, institution, or the general public.

____ Yes ____ No Are you currently practicing as a private independent licensed addiction counselor?

BAPP must have on file your 'Work Experience Verification for Independent Practice' form verifying two years (or 4,000 hours) of full-time, qualifying supervised work experience in the field, accrued after initial certification or licensure. The form can be downloaded from the BAPP website. If not on file, policy will prohibit the BAPP from processing your renewal. (The form is not needed for people engaged in independent practice prior to April 1, 2014.)

LEGAL QUESTIONS (If you answer yes to any question below, please provide a separate written explanation.)

____ Yes ____ No Have you ever been convicted, pled no contest/nolo contendere, pled guilty or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony?

____ Yes ____ No Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgement or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 traffic offense?

____ Yes ____ No Have you been disciplined with a reprimand, censure, suspension, temporary suspension, probation, revocation, or refusal to renew a professional license in any state?

____ Yes ____ No Are you \$1,000 or more behind in child support payments?

OTHER LICENSES

____ Yes ____ No Do you currently hold a valid license to practice addictions counseling in another state?

If yes, which state(s)? _____

Have you previously disclosed this license to the Board? ____ Yes ____ No

If no, please attach a copy of the current license(s) with this application.

____ Yes ____ No Do you currently hold a valid license with another South Dakota licensing board (i.e. SD Board of Examiners for Counselors & Marriage and Family Therapists, Board of Social Work Examiners, Board of Psychologists?)

If yes, which licensing board? _____

License number _____

PROFESSIONAL CODE OF ETHICS

The Code of Ethics and Standards of Practice can be viewed and/or printed at:

<https://dss.sd.gov/docs/licensing/bapp/standards-manual.pdf>

The Professional Code of Ethics applies equally to all Certified Addiction Counselors, Licensed Addiction Counselors, Certified Prevention Specialists, Trainees, and individuals in the process of applying for certification, licensure, or trainee recognition. The Board of Addiction and Prevention Professionals (BAPP) believes that all people have rights and responsibilities through every stage of human development. The goal of the BAPP is for addiction and prevention professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. The BAPP's ethical codes and standards identify the ethical responsibilities of the profession. The Code details and establishes, although not exhaustive, those principles that form the standards of ethical behavior of any individual certified, licensed, or recognized by the Board.

The Code will set the basis for the reception of and processing of those allegations related to breeches of acceptable standards, practice, and behavior.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under your care. When there is evidence that another professional is violating an ethical standard, whether obvious or perceived, you have a responsibility to report the unethical conduct to the BAPP.

I understand and subscribe to the professional Code of Ethics and understand that any violation of the principles will be grounds for disciplinary action and sanctions.

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By checking this box, I hereby attest that I have read and will comply with the Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals.

This application will not be processed if you fail to read the Code of Ethics and have not checked the box above.

Signature of Professional

Date

AUTHORIZATION AND RELEASE OF INFORMATION

I hereby understand that being convicted of, pleading guilty to, or pleading no contest to, any felony, or to any crime involving moral turpitude or like offense, in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, must be disclosed to the Board of Addiction and Prevention Professionals (Board). This information, or failure to fully disclose this information, may, standing alone, provide sufficient grounds to deny, revoke, suspend, or refuse trainee recognition, certification, licensure, or renewal. This includes any crimes or offenses where imposition of sentence was suspended.

I hereby understand that it is my obligation to disclose, on the 'Statement of Felony Charges' form, whether I have been convicted of, plead guilty to, or plead no contest to, any felony or crime of moral turpitude in any state, federal, foreign jurisdiction, tribal, or military court or tribunal, including any crimes or offenses where imposition of sentence was suspended. (*'Statement of Felony Charges' Form is included with this application.*)

I hereby attest that I am not required to register as a sex offender.

I confirm that I have never had an application denied, had my professional certificate or license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private. If I have had an application denied, had my professional certificate/license revoked or suspended, or been sanctioned or disciplined by this or any other certifying or licensing professional board or authority, public or private, I understand that I am required to provide that information to the Board, in writing.

I hereby authorize the Board to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual contacted by the Board to release any and all information and documents requested and waive any and all confidentiality or privilege provided by state, federal, foreign jurisdictions, tribal, or military statute, law, or rule. I understand that the Board reserves the right to request further information or documentation to evaluate and verify my application, qualifications, education, training, moral character, and professional competence.

I hereby release and hold harmless the Board of Addiction and Prevention Professionals; its Board Members- past, present and future; its attorneys- past, present, and future; its agents, representatives and employees- past, present and future; as well as and any agency, facility, organization, or individual providing information or documents to the Board pursuant to my application.

I hereby understand that failing to provide accurate, full, and complete responses to the questions and requests for information in my application may, in the Board's discretion and judgment, cause it to deny,

suspend, or revoke trainee recognition, certification, or licensure status, and may result in administrative, civil, or criminal legal action.

☐ **By checking this box, I hereby attest that I have read and completely understand the Authorization and Release of Information. If for any reason, you are unable to certify that the information contained herein is correct and true, you will need to provide the Board with a written explanation.**

RENEWAL FEE Please include a personal check, cashier's check, certified check, or money order made payable to the State of South Dakota for the applicable amount.

Certified Chemical Dependency Counselor Level I (CCDC I)	\$175.00
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ATTESTATION BY APPLICANT

BY MY SIGNATURE BELOW, I VERIFY, UNDER PENALTY OF PERJURY, THAT I AM THE PRACTITIONER COMPLETING THIS APPLICATION AND THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE OR INCORRECT INFORMATION, OMISSIONS, INACCURACIES OR FAILURE TO MAKE FULL DISCLOSURE MAY RESULT IN THE CANCELLATION OR DENIAL OF A LICENSE OR CERTIFICATION ISSUED PURSUANT TO THIS APPLICATION AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PROCEEDINGS. I AGREE ALL INFORMATION IN THIS APPLICATION CAN BE VERIFIED AND INVESTIGATED. I HAVE READ, AND AM FAMILIAR WITH THE SOUTH DAKOTA CODIFIED LAWS AND ADMINISTRATIVE RULES REGULATING PROFESSIONAL ADDICTIONS COUNSELING AND PREVENTION SERVICES AND HEREBY AGREE TO ABIDE BY SUCH LAWS AND REGULATIONS.

Signature of Applicant

Date

Mail completed application and renewal fee to:

SD Board of Addiction and Prevention Professionals
PO Box 340
Pierre, SD 57501

For Office Use Only: Check # _____
Selected for Audit: Yes No

Amount _____

Date _____